

HAWTHORNE**SERVICE REPORT**

APPROVED BY _____

WORK ORDER NO.	SEGMENT	LABOR CHARGE CODE	OPERATION	EMPLOYEE NO. 8031	SHIFT 1	EMPLOYEE NAME R. CAMACHO	DATE 12/17/07
CUSTOMER NAME JYS KAGMAN						CUST. NO.	STORE 82
MAKE OLY	MODEL DISDA1	SERIAL NUMBER OLY00000UNAT00127	ARRG NO.	STD HOURS 515	<input type="checkbox"/> HMC H190 <input type="checkbox"/> HPS H192 <input type="checkbox"/> HMS H150 <input type="checkbox"/> HDM H191 <input type="checkbox"/> HRIS BR _____ <input type="checkbox"/> HLS RB _____ <input type="checkbox"/> HLS FONT. _____		
JOB DESCRIPTION						OT / PT / SPL	START
						ELAPSED TIME	STOP
						OT / PT / SPL	START
						ELAPSED TIME	STOP
						OT / PT / SPL	START
						ELAPSED TIME	STOP
CHG DSL	CHG DEO	MLG	VEH	CHG 10W	CHG 30W	COST	SELL
HOURS, MILES						ELAPSED TIME	STOP

PART NUMBER RESPONSIBLE	PART NAME	QTY	DESC. CODE	GROUP NUMBER CONTAINING PART	GROUP NAME	DID THIS INCIDENT MAKE THE INOPERABLE PRODUCT	DESCRIPTIVE COMMENTS (20 SPACES MAXIMUM PER INCIDENT)
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

A - Structural B - Surface C - Leaks D - Factory Assembly E - System Malfunction F - Factory Shipping G - General Repair H - Adjustments K - Serviceability N - Abuse X - OPERATION COMPLAINT

WHAT WAS THE CUSTOMER COMPLAINT?

MONTHLY INSPECTION.

ADDITIONAL COMMENTS THE CAUSE OF FAILURE?

WHAT WAS THE RESULTANT DAMAGE?

HOW DID YOU REPAIR IT?

CHECK ALL FLUIDS, Clean GENERATOR ROOM
 TEST Run Fuel Day TANK pump. R/W UNIT
 AND OBSERVE. ALL SYSTEMS OK.

NOTE: NEED TO SCHEDULE OIL change AND FILTERS.

CUSTOMER SIGNATURE

SERVICEMAN SIGNATURE